

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/936685	FILING DATE				
							APPLICANT(S)					
CLAIMS							*	*	*			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.							
1							51					
2		1					52					
3	2		1				53					
4	3			1			54					
5	4				1		55					
6	5					1	56					
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47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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